

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-010903

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 35

Primary Registration District No. 28

Registrar's No.

FILED MAR 25 1963

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY CLINTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SHOAL TOWNS.		c. CITY OR TOWN SHOAL TOWNS.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S-E CAMERON		d. STREET ADDRESS (If outside, give location) S. E. CAMERON	
3. NAME OF DECEASED (Type or print) First Middle Last ELLA ANNA MONTGOMERY		4. DATE OF DEATH Month Day Year MAR. 20. 1963.	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-16-1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		11. BIRTHPLACE (City and state of country) CLINTON, Mo.	
13a. FATHER'S NAME Thomas R. Stillfield		13b. MOTHER'S MAIDEN NAME Deceased.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Harley Montgomery Cameron Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 10 yr. ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-12-62 to 3-18-63 and last saw her/him alive on 3-18-63 Death occurred at 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R.H. Templeman D.O.		22b. ADDRESS Cameron, Mo	
22c. DATE SIGNED 3-21-63		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-23-63	23c. NAME OF CEMETERY OR CREMATORY MIRABLE Cemetery	23d. LOCATION (City, town, or county) MIRABLE Mo
24. FUNERAL DIRECTOR McMoss CR UNK. CAMERON - Mo.		25. DATE RECD. BY LOCAL REG. Mar 22 1963	
26. REGISTRAR'S SIGNATURE Francis D. Crawford			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John M. Brown

Licensed Embalmer No. 2533

P. O. Address Teamerow MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 3-22-63